



Summary Statistics from the National Survey of Early Childhood Health, 2000



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*by Neal Halfon, M.D., M.P.H., University of California, Los Angeles (UCLA);
Lynn Olson, Ph.D., American Academy of Pediatrics;
Moira Inkelas, Ph.D.; Ritesh Mistry, M.P.H.; Harvinder Sareen, M.P.H.;
Linda Lange, Dr.P.H.; Miles Hochstein, Ph.D.; and Janel Wright, UCLA.*

Executive Summary

Through preventive health counseling and education about child development, child health care providers play an important role in helping parents promote children's healthy development. Recent research on the impact of familial context and routines on the cognitive, emotional and social development of children has strongly influenced recommendations for addressing child development (1-5). These have progressed from a narrow focus on developmental monitoring and providing parents with basic information about child health and care, to a broader focus that includes provision of a range of interventions such as education and support for developmental and psychosocial issues that affect children and their families.

In the Commonwealth Survey of Parents of Young Children (6), many parents reported not receiving anticipatory guidance from their provider on psychosocial topics such as how to discipline a

child, how to encourage a child to learn, and how to deal with a child's sleeping and eating patterns. This survey indicates that there is a dearth of information exchange and guidance between the clinician and family.

This previous research (6) suggests a gap between what is recommended in professional practice guidelines and what parents report actually receiving from their child health care providers. The potential importance of these services to children's health and development warrants a systematic appraisal of early childhood health care content and quality, and the association between family and health system characteristics and the provision of these services.

The National Survey of Early Childhood Health (NSECH) was developed in a collaboration between the American Academy of Pediatrics (AAP), the federally funded National Center for Infancy and Early Childhood Health Policy

at UCLA, the Foundation for Accountability (FACCT), and the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC).

The survey was made possible by a grant from the Gerber Foundation, with additional funding from the federal Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) and the AAP Friends of Children Fund.

Design of the National Survey of Early Childhood Health

The NSECH aims to improve understanding of household experiences with preventive pediatric care and the ways in which families promote their children's health in the home. NSECH is a telephone survey of a national random sample of 2,068 young children (aged 4 to 35

months). The parent or guardian who is primarily responsible for the child's medical care was selected as the survey respondent.

NSECH is a survey module of the State and Local Area Integrated Telephone Survey (SLAITS), a survey mechanism utilizing the National Immunization Survey (NIS) sampling frame (7) and conducted by NCHS.

The major research questions addressed by the survey are:

- ❑ What are the concerns of parents and what are the health care needs of young children?
- ❑ Are these health care needs and these parental concerns being addressed when children visit health care providers?
- ❑ What is the quality of developmental and psychosocial care that young children receive?
- ❑ What factors are associated with the receipt of better quality, more comprehensive pediatric care?
- ❑ What is the prevalence of selected home health behaviors in early childhood?
- ❑ What is the relationship between parental/home health behaviors and experiences with pediatric health care delivery?

Highlights

- ❑ More parent concerns about behavior are reported for the oldest children in the age group of 4 to 35 months than for the youngest children in this age group.
- ❑ Parents of most children aged 4 to 35 months believe well-child visits are very important, and these parents are generally satisfied with the health care received.
- ❑ Most young children have a usual source of well-child care, although only about half have a particular person that they see for well-child care.

- ❑ There are differences by maternal education and other socioeconomic characteristics in the proportion of children who experience positive developmental environments, as indicated by consistent routines, regular reading, and participation in regular family activities.
- ❑ Parents of most children aged 4 to 35 months believe that child health care providers should discuss less traditional topics with them, such as alcohol or drug abuse in the home and social support for parents.
- ❑ There are disparities in the content of health care by race/ethnicity, by the child's type of health insurance, and by the education level of the child's mother.

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The survey was conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). The project director is Marcie Cynamon.

The survey was designed by the UCLA Center for Healthier Children, Families, and Communities, the National Center for Infancy and Early Childhood Health Policy at UCLA, the Foundation for Accountability (FACCT), AAP, and NCHS/CDC.

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American Academy
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by Neal Halfon, M.D., M.P.H., UCLA;
Lynn Olson, Ph.D., American Academy of Pediatrics;
Moir Inkels, Ph.D., UCLA;
Ritesh Mistry, M.P.H., UCLA;
Harvinder Sareen, M.P.H., UCLA;
Linda Lange, Dr.P.H., UCLA;
Miles Hochstein, Ph.D., UCLA;
and Janel Wright, UCLA

Introduction

Through preventive health counseling and education about child development, child health care providers play an important role in helping parents promote children's healthy development. Recent research on the impact of familial context and routines on the cognitive, emotional and social development of children has strongly influenced pediatricians' recommendations addressing child development (1-5). These have progressed from a narrow focus on developmental monitoring and the provision of basic information to parents to a broader focus that includes psychosocial issues of the family (5).

The research literature suggests that children's optimal development is facilitated in a family context, and characterized by predictability and consistency (6, 7), warmth and support (8-10), encouragement of mastery (11),

and physical safety (12). Warmth and support refer to the emotional context of the family, such as the emotional availability of parents, and their responsiveness and attunement to the emotional state of their young child. Predictability and consistency highlight the importance of routines in a young child's life and how routines affect the child's daily life in organizing a child's attention, sleep, eating, and other behaviors. Encouragement and mastery highlight a range of behaviors that include emotional regulation, the ability to communicate effectively and establish relationships, and various cognitive abilities.

Research on pediatric provider-patient interactions indicates that most of the concerns that parents bring to their pediatric provider are psychosocial in nature. This has been demonstrated by two recent national surveys. A recent survey of parents by Zero to Three (What Grown-Ups Understand About Child Development) (13) shows high levels of parental

Stephen Blumberg, Centers for Disease Control and Prevention, served as editor for this report.

knowledge regarding their important role in their infants' and toddlers' development. However, these very same parents are unsure about their specific role in their child's emotional, social and intellectual development. A vast majority reported that they would like to improve their parenting skills regardless of their confidence in their skills.

In the Commonwealth Survey of Parents of Young Children (14), many parents reported not receiving anticipatory guidance from their provider on psychosocial topics such as how to discipline a child, how to encourage a child to learn, and how to deal with a child's sleeping and eating patterns. From a list of different anticipatory guidance topics, fewer than 50% of parents reported receiving information on most topics. For some items, fewer than 25% of parents reported receiving guidance on these topics from their child's physician. In contrast, 54% of parents reported that they could use more information about how to help and encourage their child to learn, 52% wanted more information about how to discipline their child, and 20 to 40% indicated a desire for other anticipatory guidance. This survey indicates the great need and demand for information, guidance, and interventions for families to help ensure the optimal development of children.

Parents can get this information from a variety of sources such as relatives, friends, and community information sources. However, how parents process and learn from this information may depend on whether or not information is provided in a consistent and effective manner that facilitates learning and positive change in familial context.

A recent survey of pediatricians conducted by the AAP (1) found that pediatricians

agree it is important to assess children's development and improve parents' understanding of development issues. Pediatricians report that they routinely assess children's developmental milestones and parental concerns regarding development, and that they do conduct clinical assessments of development. However, pediatricians raise significant concern about the economic feasibility of providing such developmental services in the context of their pediatric practices. This suggests there may be disparities in the developmental content of care for young children.

Before they reach age three, most children in the United States will have seen a doctor numerous times for routine and sick visits. Thus, child health care providers are in a critical position to identify developmental issues and to disseminate information to parents. Yet, to date, there is a paucity of information on the content of pediatric care as perceived by parents of young children. This leaves us without baseline performance and quality information upon which improvement efforts could be launched.

The National Survey of Early Childhood Health

The National Survey of Early Childhood Health (NSECH) addresses this information gap. It is designed to improve understanding of household experiences with preventive pediatric care and the ways in which families promote their children's health in the home. It is a telephone survey of a national random sample of 2,068 young children (age 4 to 35 months).

The major research questions addressed by the survey are:

- ❑ What are the concerns of parents and what are the health care needs of young children?
- ❑ Are these health care needs and these parental concerns being addressed when children visit health care providers?
- ❑ What is the quality of developmental and psychosocial care that young children receive?
- ❑ What factors are associated with the receipt of better quality, more comprehensive pediatric care?
- ❑ What is the prevalence of selected home health behaviors in early childhood?
- ❑ What is the relationship between parental/home health behaviors and experiences with pediatric health care delivery?

These research questions address two major areas of interest—those concerning the delivery of preventive pediatric care to households with young children and those concerning the promotion of early childhood health by families in their homes. The primary purpose of this survey, as indicated by the research questions, is to characterize the content of care and the parent's (and child's) experiences with pediatric preventive health care. This preventive health care can be provided by any pediatric health care providers (broadly defined), and is not limited to care provided by pediatricians, pediatric specialists, or medical doctors. The second purpose of this survey is to understand the relationship between health promotion in the pediatric office and health promotion in the home.

Methods

Details concerning the questionnaire and survey methods are available in a companion report entitled *Design and Operation of the National Survey of Early Childhood Health, 2000*. This section simply provides an overview of these topics.

Sample Design

The target population for the study consisted of households with children between 4 and 35 months of age. Telephone households from all 50 states were identified via random-digit-dialing. These households were screened for children within the eligible age range.

The sponsors of this survey were also interested in African-American and Hispanic children's experiences with child health care providers. To get more precise estimates for these populations, households with African-American or Hispanic children were oversampled. To obtain the oversample, after identifying households with age-eligible children from all 50 states, interviewers further screened households for an African-American or Hispanic child. If more than one eligible child resided in a sampled household, one child was randomly selected for interview using a programmed random sampling algorithm.

Two samples of children were therefore selected for the survey. Details on sample allocation are available in the *Design and Operation* report. For the present report, data from both samples have been combined for all analyses.

Sample Size and Response Rate

Interviews were completed with the parents and guardians of

2,068 children aged 4 to 35 months. Of these interviews, 1,208 were from the main sample and 860 were from the minority oversample. The majority of respondents were mothers of the sample children (87%); the remaining respondents were fathers (11%), grandparents (2%), or other guardians (less than 1%). The CASRO (Council of American Survey Research Organizations) response rate, derived from the product of the interview completion rate, the screener completion rate, and the telephone number resolution rate, was 65.6%.

Survey Content

The NSECH includes questions that are also present in a variety of other studies, such as the National Health Interview Survey (NHIS); the National Survey of Children with Special Health Care Needs; the Medical Expenditure Panel Survey (MEPS); the Consumer Assessment of Health Plans Survey (CAHPS); the Commonwealth Survey of Families with Young Children (14); the Commonwealth Pediatric Developmental Services Survey; and the FACCT Promoting Healthy Development (PHD) Survey (15) (which was expanded and adapted into the Promoting Healthy Development Survey PLUS [PHDS PLUS] as NSECH was being developed).

Because NSECH was conducted as a module of the State and Local Area Integrated Telephone Survey (SLAITS), the questionnaire was designed to immediately follow a completed National Immunization Survey (NIS) interview or screener.* The

survey respondent was the parent or guardian primarily responsible for the sampled child's medical care. The seven sections of the NSECH questionnaire included:

- ❑ Demographic and household information
- ❑ Health care utilization
- ❑ Parental perception of pediatric care
- ❑ Interactions with health care providers
- ❑ Family interactions and home safety
- ❑ Parental and child health
- ❑ Financial welfare and health insurance

The questionnaire was translated into Spanish by one translator and then back-translated into English by another translator. The use of two contractors assured that each translation was done independently of the other. Discrepancies were resolved in consultation with the two translators. In addition, a team of experienced Spanish-language telephone interviewers and supervisors reviewed the Spanish

Program (NIP) at the Centers for Disease Control and Prevention (CDC) manages these grants. The National Immunization Survey (NIS) was established to monitor the use of these grant funds, and to monitor the vaccination levels of very young children both within the IAP areas and across the U.S. (16). This survey is conducted by NIP and by CDC's National Center for Health Statistics (NCHS). The NIS screens an extremely large number of households in order to find its relatively rare target population of households with children between 19 and 35 months of age; nearly a million households are screened by telephone each year to obtain 34,000 completed household interviews. The large initial sample of telephone numbers in the NIS provides a cost-effective opportunity to survey other populations in addition to the rare population that eventually screens into the NIS. The survey mechanism that uses the NIS sample frame for collecting data about these other populations is known as the State and Local Area Integrated Telephone Survey (SLAITS) and is administered by NCHS.

* To address the problem of low vaccination rates among school-age populations in the early 1990s, grants were awarded to 78 states and local areas, called Immunization Action Plan (IAP) areas, targeted toward improving vaccination levels of children by age two. The National Immunization

CATI instrument for accuracy and cultural appropriateness.

Weighting and Estimation

For producing population-based estimates, each child for whom complete data were available was assigned a sampling weight. This weight combined the base weight, which reflects the probability of selection of a respondent's telephone number, with an adjustment for households that have multiple telephone numbers, and with adjustments that compensate for non-response. Finally, weights were adjusted to match known population control estimates and to adjust for the noncoverage of nontelephone households.

Reporting

In this report, data tables show the percentages weighted to represent children aged 4 to 35 months nationally (not to represent households with young children). The reported percentages thus are an accurate reflection of U.S. children between 4 and 35 months of age.

Standard errors are shown for all percents in tables. Percents with relative standard errors greater than 30% are considered unreliable and are indicated with an asterisk. The relative standard errors are calculated as follows:

Relative standard error = $(SE/EST)100$ where SE is the standard error of the estimate and EST is the estimate.

The NSECH questions that related to each table are included as footnote text to the table.

The next sections of this report highlight key estimates from the tables. Statistical tests of differences among point estimates were not used in this report. However, key results are highlighted in the text when large

differences in point estimates were observed. For ease of presentation, the text refers to children's parents, but the estimates include other guardians when the parent was not the respondent to the survey.

Demographic And Household Information

Weighted to U.S. population estimates, children 4 to 9 months comprise 19% of children between 4 and 35 months of age. Twenty-eight percent of children within this age range are 10 to 18 months of age, and 53% are 19 to 35 months of age. (See tables 1-3.)

- ❑ Most children aged 4 to 35 months (71%) have mothers who are 25 years of age or older. Twenty-one percent of these young children have mothers who are 35 years of age or older, and 7% have mothers who are younger than 20 years of age.
- ❑ Most children aged 4 to 35 months (69%) have mothers who are married. Twenty-two percent of these young children have mothers who have never been married, while about 9% have mothers who are divorced or separated.
- ❑ Most children aged 4 to 35 months have mothers who are non-Hispanic white (63%). Fourteen percent of these young children have mothers who are non-Hispanic black, and 18% have mothers who are of Hispanic origin.
- ❑ Forty-six percent of children aged 4 to 35 months have mothers who received post high school education. Thirty-

four percent of these young children have mothers who are high school graduates only, and 21% have mothers with less than a high school education.

- ❑ Approximately 55% of children aged 4 to 35 months have mothers who are employed either part-time or full-time.
- ❑ Thirty-five percent of children aged 4 to 35 months live in households with income of up to \$25,000. About 14% of these young children are in households with income of greater than \$75,000. Ten percent of these young children have parents who either did not know their household income or refused to report it.
- ❑ Ten percent of children aged 4 to 35 months are in households with only one adult. Most of these young children (75%) are in households with two adults. About 30% are in households with no other children under 18 years of age.

Health Care Providers And Utilization

Having a regular provider has been associated with access to services and continuity of care, which are important for the receipt of quality pediatric preventive health care. (See table 4.)

- ❑ Nearly all children aged 4 to 35 months have a particular place for well-child care. However, fewer than half of children aged 4 to 35 months (46%) see a particular person

for well-child care. Of the young children who see a particular person, about 76% see a pediatrician.

- ❑ About 74% of children aged 4 to 35 months usually go to a private or group practice for care. More than 80% of children in households where the mother is non-Hispanic white go to a private or group practice for care, whereas only 54% of children in households where the mother is Hispanic go to a private or group practice for care.
- ❑ About 32% of children in households where the mother is Hispanic go to community health centers or public clinics for care, compared to about 12% of children in households where the mother is non-Hispanic white.

Parental Preferences for Pediatric Care

Parents were asked whether their child's health care providers had asked about parents' well-being, economic problems, substance use, and community violence. (See table 5.)

- ❑ Parents of about 77% of children 4 to 35 months have been asked by their child's health care providers about smoking in the household. Health care providers asked about smoking for 86% of children aged 4 to 35 months where the mother was non-Hispanic black, 85% where the mother was Hispanic, and 72% where the mother was non-Hispanic white.
- ❑ Parents of most children aged 4 to 35 months (89%) believe that health care providers

should ask parents about alcohol or drug use in the home even though parents of fewer children (44%) have been asked. The proportion of children whose parents have been asked ranges from 35% of young children where the mother is non-Hispanic white, to 59% where the mother is non-Hispanic black, and 67% where the mother is Hispanic.

- ❑ On the topic of parenting support, parents of most children aged 4 to 35 months (85%) believe that a child's health care providers should ask whether a parent has someone to turn to for emotional support, with parents of many children (79%) believing that the provider should ask whether the spouse or partner was supportive of parenting efforts. However, parents of fewer than half of the children aged 4 to 35 months have been asked about these issues, with few differences among children based on the race/ethnicity of the mother.
- ❑ Parents of children aged 4 to 35 months report the following issues as having been discussed least frequently by the child's health care providers: whether the family was having trouble paying for basic needs (parents of 12% of these young children) and violence in the community (parents of 10% of these young children).
- ❑ The proportion of children aged 4 to 35 months whose health care providers asked about violence in their community ranges from 22% of children where the mother is Hispanic, to 15% where the mother is non-Hispanic black,

to 6% where the mother is non-Hispanic white.

- ❑ Overall, even though parents of relatively few children aged 4 to 35 months have been asked about family or community issues, parents of at least half of these young children believe that providers should ask about these issues. For example, parents of 56% of these young children believe that providers should ask about violence in the community. This ranges from 52% of children where the mother is non-Hispanic white, and 55% of children where the mother is non-Hispanic black, to 66% of children whose mother are Hispanic. Parents of approximately 75% of children aged 4 to 35 months believe that providers should ask whether the family was having trouble paying for basic needs.

Importance of Well-Child Care

Parents were asked for their opinion of the importance of well-child care visits, which were described as "visits that are made to a doctor or health care provider who takes care of your child when he/she is not sick, but needs a check-up or a shot." Families who believe that well-child care is very important may be more receptive to the health care providers' recommendations. There may be differences in the importance parents place on well-child care based on the health care needs of the child. (See table 6.)

- ❑ Parents of most children aged 4 to 35 months (86%) believe well-child check-ups are very important for the child's health and development.

- ❑ There are no notable differences in the reported value of well-child care for children based on the race/ethnicity of the child's mother.

Parent Satisfaction with Child's Health Care

The NSECH includes several different measures of parent satisfaction with the child's health care. Pediatricians often report that they do not have enough time with parents to talk about development, and psychosocial and other non-medical issues (1). Thus parents were asked whether they felt their child's health care provider (which may or may not be a pediatrician) had spent enough time with them during their last well-child visit. Parents were also asked about their overall satisfaction with their child's health care providers, and whether they had been able to ask all of their questions at the last well-child visit. (See tables 7-8.)

- ❑ Parents of about one out of ten children age 4 to 35 months (12%) believe that they did not have enough time with their child's health care provider during the last well-child visit.
- ❑ Parents of about 22% of the children aged 4 to 35 months who are uninsured believe that they did not have enough time with the provider in the last well-child visit. Parents of about 11% of the children aged 4 to 35 months who have private insurance, and parents of about 11% of these young children who have public insurance, believe that the visit was not long enough.

- ❑ While satisfaction was generally high, parents of children aged 4 to 35 months who are uninsured tend to have lower levels of satisfaction. For example, parents of 16% of these young children were not able to ask all their questions at the last well-child visit.
- ❑ Parents of about 48% of uninsured children age 4 to 35 months rated the check-ups highly (10 on a scale of 1 to 10), while parents of about 40% of privately-insured young children and 44% of publicly-insured young children give this rating.
- ❑ About half of the children aged 4 to 35 months have a particular person for well-child care. Parents of most of these young children with a particular person say that they would be "very likely" to recommend the provider. Parents of most children aged 4 to 35 months who are privately insured say that they would be very likely to recommend the provider (85%), while parents of 73% of the publicly insured children, and parents of 71% of the children with "other" insurance, are very likely to recommend the provider.

Family-Centered Care

Family-centered care is an approach to health care that emphasizes the development of collaborative relationships between parents and health care providers that empower parents to make educated decisions about their child's care.

Families who perceive that their child's health care providers

respect them and take time with them may be more receptive to messages about how to improve the health of the children and their environment. This may be especially true for psychosocial health care content. Parental perceptions of family centeredness also have been used to measure quality. Variations in family centeredness may reflect disparities in health care quality, or may imply differences in how receptive parents with different circumstances may be to health messages. (See tables 9-10.)

- ❑ Parents of most children aged 4 to 35 months (66%) believe that their child's health care providers always take time with them, and parents of 55% of these children believe that the providers always respect their expertise as a parent. Parents of fewer children 4 to 35 months (40%) believe that the providers always understand their parenting preferences.
- ❑ In general, parents of children aged 4 to 35 months who are currently uninsured have lower levels of family-centered care. Parents of only 42% of such children believe that their child's health care providers always take time with them.
- ❑ While parents of most children aged 4 to 35 months (66%) believe that their child's health care providers always take time with them, parents of 50% of children whose mother is Hispanic state that this is always the case.

Content of Early Childhood Health Care

Pediatric health care providers are in a critical position to identify child developmental issues and to disseminate information on parenting. There has been growing interest in the child health care providers' role in promoting early literacy, for example. NSECH asked parents whether respondents had discussed these and other topics with their child's health care providers. (See tables 11-12.)

- ❑ Parents of about 64% of children 4 to 9 months discussed the importance of reading to children with the child's health care providers at some point since the child's birth. Rates of discussion during the past 12 months were similar for children aged 10 to 18 months and for children aged 19 to 35 months.
- ❑ Parents of about 79% of children aged 4 to 9 months discussed the child's communication with the child's health care providers at some point since the child's birth. Of the children aged 4 to 9 months whose parents did not discuss communication issues, parents of 52% of these children believed that this discussion would have been helpful.
- ❑ Parents of about 54% of children aged 10 to 18 months discussed bottle weaning with their child's health care providers in the past 12 months. Of the children aged 10 to 18 months who parents did not discuss bottle weaning, parents of 35% of these children

believed that this discussion would have been helpful.

- ❑ Parents of most children aged 4 to 9 months (91%) discussed breastfeeding with their child's health care providers since the child's birth.

Discussions About Immunization, and Parent Safety Concerns

While most U.S. children do receive all recommended immunizations, some children do not receive their immunizations on time due to a number of reasons. A combination of provider practices and family behaviors contribute to delayed or low rates of immunizations. NSECH examined whether or not parents discuss immunizations with their child's health care providers, and whether or not parents delay or skip immunizations for the child due to safety concerns. (See table 13.)

- ❑ Parents of nearly all children aged 4 to 35 months discussed immunizations with their child's health care providers.
- ❑ Parents of 8% of children aged 4 to 35 months delayed or skipped a child's immunization within the past 12 months due to safety concerns.

Parental Home Injury Prevention Measures

Many childhood injuries occur in the home environment and are preventable. NSECH asked whether parents had taken specific age-appropriate injury prevention measures at home. (See table 14.)

- ❑ Parents of most children aged 4 to 35 months put stoppers or plugs in electrical outlets as an injury prevention measure.
- ❑ Parents of most children aged 4 to 35 months (78%) put locks/latches on cabinets that contain cleaners or medicines, and parents of most young children (73%) put up baby gates, window guards or other barriers.
- ❑ Parents of about half of children aged 4 to 35 months (53%) turned down the hot water thermostat setting as an injury prevention measure.
- ❑ Parents of about half of the children aged 4 to 35 months (48%) put padding around hard surfaces or sharp edges. Parents of a similar proportion of young children (47%) have Syrup of Ipecac in the home.

Hours Spent in Child Care

The number of hours a child spends in child care is influenced by several factors, such as parental (usually maternal) employment status, household income, and the availability of child-care resources for parents. (See table 15.)

- ❑ About 61% of children aged 4 to 35 months spend time in child care.
- ❑ In general, children aged 4 to 35 months in households where the mother is employed full time spend more hours in child care per week than children in households where the mother is employed part time or not employed at all.
- ❑ About 38% of children aged 4 to 35 months whose mothers are employed full time spend 21 to 40 hours in child care. Children whose mothers are not employed often spend no time in child care (59%).
- ❑ In general, children aged 4 to 35 months in households with higher incomes and where the mother is employed full time spend more hours in child care.
- ❑ About 44% of children aged 4 to 35 months in households with income under \$17,500 and where the mother is employed full time spend at least 21 hours in child care per week, compared to 58% of young children in households with incomes of \$35,001 to \$60,000, and 61% of children in households with incomes greater than \$60,000.

Family Routines

Child routines, such as bedtimes and mealtimes, may influence several child health outcomes associated with school readiness. NSECH asked parents to report on bedtime, mealtime, and naptime routines of the child—specifically, whether these routines stayed the same or changed on a daily basis. (See table 16.)

- ❑ Most children aged 4 to 35 months have consistent routines for naptime, mealtime, and bedtime.

Family Activities and Interactions

Shared family activities are known to influence several child health outcomes. The positive influence of these activities is magnified by their frequency and consistency. NSECH asked parents about the frequency of specific family activities. (See table 17.)

- ❑ Parents of 52% of children aged 4 to 35 months read stories to the child every day.
- ❑ Parents of a larger proportion of these young children (75%) play music or sing songs with the child every day.
- ❑ Over half of the children aged 4 to 35 months (57%) eat the midday or evening meal with the family everyday, whereas fewer children aged 4 to 35 months (25%) eat breakfast with the family every day.

Breastfeeding

The NSECH asked parents about breastfeeding: whether it was ever initiated for the child, what the duration was, and what role the child's health care providers played in encouraging breastfeeding. (See table 18.)

- ❑ About 67% of children have ever been breastfed.
- ❑ The proportion of children aged 4 to 35 months for whom breastfeeding was ever initiated is higher (79%)

among those children whose mothers had greater than a high school education than among those children whose mothers were high school graduates (60% of these young children) or had less than a high school education (52%).

- ❑ Breastfeeding rates were higher among children 4 to 35 months whose parents have never received WIC benefits (80%) than among those children whose parents have received WIC benefits (56%).

Child Health Status

Different measures have been used to capture the health status of children, such as limitations of activity and global health status measures. These different measures can produce varying estimates. The NSECH permits the comparison of selected health status measures with parent concerns, with health care services received by the child, and with health care services desired by the parent. (See table 19.)

- ❑ Most children aged 4 to 35 months (85%) are believed to be in excellent or very good health. Only 4% of these young children are believed to be in fair or in poor health.
- ❑ Few differences in overall health status were found between child age groups. Children in the youngest age group are more frequently believed to be in excellent health.
- ❑ Most children aged 4 to 35 months who are privately insured are believed to be in excellent or very good health (90%). Somewhat fewer

publicly insured children are believed to be in excellent or very good health (77%).

Parent Concerns

NSECH asked parents what concerns they have about their child, using 11 items drawn from or derived from the Parent's Evaluation of Developmental Status (PEDS) (17). The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions (18). Health care providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC. In this report, the PEDS is used simply as a list of concerns parents may have about their child. (See tables 20-21.)

- ❑ Parents of children 4 to 35 months most frequently have concerns about how the child behaves (48% of these young children); how the child talks and makes speech sounds (45%); the child's emotional well-being (42%); and how the child gets along with others (41%).
- ❑ Concerns about motor skills are least frequently reported for these children. Parents of 28% of children aged 4 to 35 months have concerns about how the child uses his or her

arms and legs. Parents of a similar proportion of these children have concerns about the child's use of his or her hands and fingers to do things.

- ❑ Concerns about how the child behaves tend to increase with child age. Parents of about 56% of children aged 19 to 35 months have "a lot" or "a little" concern, compared to 35% of children aged 4 to 9 months, and 44% of children aged 10 to 18 months.
- ❑ The proportion of children aged 4 to 35 months whose parents have concerns about motor skills differed somewhat by age group. Parents of about 34% of children 4 to 9 months of age have concerns about how the child uses his or her arms and legs, compared to 34% of children 10 to 18 months and 23% of children 19 to 35 months.
- ❑ Few differences are apparent between children aged 4 to 9 months, children aged 10 to 18 months, and children aged 19 to 35 months in parental concerns such as whether the child does what other children his or her age do.

Provision of Developmental Assessment

In surveys conducted by the American Academy of Pediatrics, pediatricians reported that they routinely assess children's developmental milestones, and parental concerns regarding development (1). Pediatricians also reported that they conduct clinical assessments of children's development.

Some studies suggest that many parents do not understand what is meant by "development" (15). Parents may recall an assessment being done, however. NSECH examined the extent to which parents report evidence that such an assessment was ever done. (See table 22.)

- ❑ Parents of about 45% of children aged 4 to 35 months recall that a developmental assessment was being done.
- ❑ About one-third (35%) of young children have been asked by their health care providers to pick up small objects or do related tasks, suggesting that a developmental assessment was being carried out.

Parental Coping

The age of the child places different kinds of caregiving demands on parents who are raising young children. Thus, there may be differences in how well parents report they are coping with the demands of parenting, by the age of the child. (See tables 23-25.)

- ❑ Parents of most children aged 4 to 35 months believe that they are coping with parenting very well or somewhat well.
- ❑ Parents of the youngest children tend to report higher levels of coping. Parents of about 69% of children between age 4 and 9 months believe they are coping very well, compared to 67% of children aged 10 and 18 months, and 57% of children aged 19 and 35 months.
- ❑ Parents of the youngest children who have non-Hispanic white or Hispanic

mothers believe they are coping very well more than do the parents of children closer to 35 months of age. There is little difference in maternal coping reported for children with non-Hispanic black mothers across child age groups.

- ❑ Parental coping is somewhat lower for children aged 4 to 35 months with Hispanic mothers than for children with non-Hispanic white or with non-Hispanic black mothers.

Missed or Delayed Care

Barriers to the receipt of health care are difficult to measure and usually are based on parent perception of unmet need. Parents were asked if their child needed health care but did not receive it. Parents were also asked if their child received care for a problem or concern but received that care later than they would have wanted. (See table 26.)

- ❑ Only 5% of children aged 4 to 35 months ever missed needed care. About 11% of children received medical care for a problem or concern that was provided later than the parent would have wanted.
- ❑ A higher percentage of uninsured than insured children aged 4 to 35 months had care delayed or did not get needed care.

Trouble Paying for Health Services

Health insurance is an important predictor of children's access to health care. Even when children are insured, however, the family may face financial difficulties in paying for health related expenses. In the NSECH, parents were asked about their child's insurance status, whether the child had experienced gaps in coverage, and whether the family had experienced trouble paying for medical expenses. (See tables 1 and 27.)

- ❑ About 93% of children aged 4 to 35 months have health insurance.
- ❑ About half (51%) of children aged 4 to 35 months have private health insurance while 28% are covered by public health insurance. Fourteen percent of these young children are insured through other sources or through a combination of public and private insurance, and 7% are uninsured.
- ❑ For 92% of children aged 4 to 35 months, parents had no trouble paying for prenatal care. However, compared to privately insured children (6%) and publicly insured children (8%), a greater percentage of currently uninsured children have parents who had trouble paying for prenatal care (20%).
- ❑ For about 88% of children aged 4 to 35 months, parents had no trouble paying for medical expenses for the child's birth. However, compared to privately insured children (13%) and publicly insured children (8%), a greater percentage of currently uninsured children have

parents who had trouble paying for medical expenses for the child's birth (24%).

- ❑ Parents of 13% of children aged 4 to 35 months have trouble paying for the child's health and medical expenses.
- ❑ Parents of a greater percentage of uninsured children (39%) have trouble paying for health and medical expenses than parents of insured children (about 11%).

Trouble Paying for Non-Health Services

Families also may face financial difficulties in paying for other expenses not directly related to health. (See table 28.)

- ❑ Parents of more than three-quarters of children aged 4 to 35 months had no trouble paying for formula, diapers or clothing. However, parents of about one-fifth of these young children had some trouble paying for these items. Parents of about 34% of children aged 4 to 35 months living in households with annual income up to \$17,500 and parents of 29% of young children living in households with annual income of \$17,501 to \$35,000 had at least some trouble paying for these items.
- ❑ Parents of 84% of children aged 4 to 35 months had no trouble paying for child care. More young children in the lowest income households have parents who say they had trouble paying for child care (20%) than children in the highest income households (11%).

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Table 1. Percent of young children (4-35 months of age) with selected characteristics: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected characteristic of the child	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
<i>Age in months</i>			
4-9	19	1.2	432
10-18	28	1.3	674
19-35	53	1.5	962
<i>Sex</i>			
Male	52	1.6	1078
Female	48	1.6	990
<i>Race and ethnicity</i>			
Non-Hispanic white	61	1.3	718
Non-Hispanic black	15	0.9	477
Hispanic	19	0.8	817
Other Non-Hispanic	4	0.6	56
<i>Child's type of health insurance</i>			
Private only	51	1.5	935
Public only	28	1.4	630
Other insured	14	1.0	324
(both public and private, or other type of insurance)			
Uninsured	7	0.8	178

Table 2. Percent of young children (4-35 months of age) by selected characteristics of the mother: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected characteristic of the mother	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
<i>Age in years</i>			
< 20	7	0.8	151
20-24	22	1.3	444
25-29	26	1.3	563
30-34	25	1.4	495
35+	21	1.2	405
<i>Marital status</i>			
Married	69	1.4	1312
Divorced, widowed, or separated	9	1.0	177
Never married	22	1.2	571
<i>Race and ethnicity</i>			
Non-Hispanic white	63	1.3	818
Non-Hispanic black	14	0.8	440
Hispanic	18	0.9	728
Other Non-Hispanic	5	0.7	72
<i>Education</i>			
Less than high school	21	1.3	443
High school graduate	34	1.5	655
More than high school graduate	46	1.5	970
<i>Employment</i>			
Full-time employment	35	1.4	785
Part-time employment	20	1.2	368
Not employed	46	1.5	908

Table 3. Percent of young children (4-35 months of age) by selected characteristics of their household: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected characteristic of the household	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
<i>Annual income</i>			
Up to \$7,500	7	0.7	153
\$7,501 - \$17,500	16	1.1	377
\$17,501 - \$25,000	12	1.0	301
\$25,001 - \$35,000	13	1.1	265
\$35,001 - \$45,000	10	0.9	190
\$45,001 - \$60,000	11	1.0	197
\$60,001 - \$75,000	7	0.9	122
Over \$75,000	14	1.0	242
Don't know/Refused	10	0.9	221
<i>Number of adults (18+ years)</i>			
1	10	0.9	228
2	75	1.3	1438
3+	14	1.0	399
<i>Number of children (< 18 years)</i>			
1	30	1.4	662
2	36	1.5	719
3	23	1.4	447
4+	11	1.0	240

Table 4. Percent of young children (4-35 months of age) with a usual source and provider of health care by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	Maternal race and ethnicity			
	Non-Hispanic white	Non-Hispanic black	Hispanic	All races and ethnicities
Percent of young children				
<i>Usual source of care</i>				
Private/group practice	82	68	54	74
Urgent care/walk-in clinic	*2	4	3	2
Community health center/public clinic	12	19	32	17
Hospital clinic	4	9	10	6
<i>Particular doctor or health care provider for well child care</i>				
Yes	49	39	34	46
<i>Provider type, for children who see a particular health care provider</i>				
Pediatrician	74	82	83	76
Family practitioner	19	*7	11	17
Other	6	*11	*6	7
Standard error of percent				
<i>Usual source of care</i>				
Private/group practice	1.8	2.9	2.6	1.4
Urgent care/walk-in clinic	0.6	1.1	0.7	0.5
Community health center/public clinic	1.5	2.5	2.5	1.2
Hospital clinic	0.9	1.5	1.8	0.7
<i>Particular doctor or health care provider for well child care</i>				
Yes	2.2	3.0	2.2	1.5
<i>Provider type, for children who see a particular health care provider</i>				
Pediatrician	2.7	4.4	2.8	2.0
Family practitioner	2.4	2.1	2.2	1.8
Other	1.5	4.2	1.9	1.2

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 4:

A1Q03 (G3) When (CHILD) needs a shot or a check-up, where do you usually take (him/her)?

A1Q04 (G4) Is there a particular doctor or other health care provider that you usually take (CHILD) to for well-child care? By health care provider I mean any nurse, nurse practitioner, physician assistant or other person who may have provided health care to (CHILD).

A1Q05 (G4A) What kind of health care provider(s) does (CHILD) usually see for well-child care, that is for check-ups and shots? Is (his/her) health care provider a pediatrician, family practitioner, pediatric nurse practitioner, physician's assistant, or some other health professional?

Table 5. Percent of young children (4-35 months of age) by parent or guardian's preferences for selected pediatric discussion topics and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected discussion topic	Maternal race and ethnicity			All races and ethnicities
	Non-Hispanic white	Non-Hispanic black	Hispanic	
Percent of young children				
<i>Parent physical health</i>				
Providers asked	38	46	40	39
Providers should discuss	71	71	82	73
<i>Parent emotional support</i>				
Providers asked	30	40	32	32
Providers should discuss	86	80	85	85
<i>Spouse /partner supportive of parenting efforts</i>				
Providers asked	35	47	45	39
Providers should discuss	80	75	82	79
<i>Violence in the community</i>				
Providers asked	6	15	22	10
Providers should discuss	52	55	66	56
<i>Difficulty paying for children's needs</i>				
Providers asked	10	19	15	12
Providers should discuss	76	72	67	75
<i>Smoker in the household</i>				
Providers asked	73	86	85	77
Providers should discuss	95	94	93	94
<i>Drug or alcohol user in the household</i>				
Providers asked	35	59	67	44
Providers should discuss	88	85	92	89
Standard error of percent				
<i>Parent physical health</i>				
Providers asked	2.1	3.1	2.5	1.5
Providers should discuss	2.0	3.0	1.7	1.4
<i>Parent emotional support</i>				
Providers asked	2.0	3.2	2.4	1.4
Providers should discuss	1.5	2.2	2.0	1.1
<i>Spouse /partner supportive of parenting efforts</i>				
Providers asked	2.1	3.2	2.6	1.5
Providers should discuss	1.7	2.8	2.1	1.2

Table 5. Percent of young children (4-35 months of age) by parent or guardian's preferences for selected pediatric discussion topics and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Survey, National Survey of Early Childhood Health, 2000		Continued		
Selected discussion topic	Maternal race and ethnicity			All races and ethnicities
	Non-Hispanic white	Non-Hispanic black	Hispanic	
Standard error of percent				
<i>Violence in the community</i>				
Providers asked	1.2	2.4	2.1	0.9
Providers should discuss	2.3	3.2	2.6	1.6
<i>Difficulty paying for children's needs</i>				
Providers asked	1.3	2.5	1.8	0.9
Providers should discuss	1.9	2.7	2.3	1.4
<i>Smoker in the household</i>				
Providers asked	1.9	1.9	2.1	1.3
Providers should discuss	1.0	1.6	1.6	0.8
<i>Drug or alcohol user in the household</i>				
Providers asked	2.1	3.0	2.5	1.5
Providers should discuss	1.4	2.3	1.3	1.0

QUESTIONS FOR TABLE 5:

(In the last 12 months/ since [his/her] birth), have (CHILD)'s doctors or other health care providers ever asked you

- A3Q40 (G15b) about your physical health?
 A3Q43 (G15e) if you have someone to turn to for emotional support?
 A3Q44 (G15f) whether your spouse or partner was supportive of your parenting efforts?
 A3Q39 (G15a) about violence in your community?
 A3Q45 (G15g) if you have had trouble paying for (CHILD)'s basic needs, such as food, diapers or other things?
 A3Q41 (G15c) whether you or someone in your household smokes?
 A3Q42 (G15d) whether you or someone in your household drinks alcohol and/or uses drugs?

Should a child's doctors or other health care providers discuss with a parent ...

- A3Q40_A (G15b1) the parent's physical health?
 A3Q43_A (G15e1) having someone to turn to for emotional support?
 A3Q44_A (G15f1) whether a spouse or partner is supportive of parenting efforts?
 A3Q39_A (G15a1) violence in the community?
 A3Q45_A (G15g1) if the parent has had trouble paying for a child's basic needs?
 A3Q41_A (G15c1) whether someone in their household smokes?
 A3Q42_A (G15d1) whether someone in their household drinks alcohol and/or uses drugs?

Table 6. Percent of young children (4-35 months of age) by parent or guardian's perceptions of the importance of well-child care and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Importance of well-child care	Maternal race and ethnicity			
	Non-Hispanic white	Non-Hispanic black	Hispanic	All races and ethnicities
Percent of young children				
Very important	85	88	86	86
Important	10	10	12	11
Somewhat important	4	*2	*2	4
Not important	*0	—	—	*0
Standard error of percent				
Very important	1.6	2.0	1.8	1.1
Important	1.3	1.8	1.7	0.9
Somewhat important	1.0	1.0	0.8	0.7
Not important	0.0	...	...	0.0

— Quantity zero.

0 Quantity more than zero but less than 0.5.

0.0 Quantity more than zero but less than 0.05.

* Figure does not meet standard of reliability or precision.

... Category not applicable.

QUESTION FOR TABLE 6:

A2Q07 (G11) Please tell me how important or unimportant you think well-child check-ups are for the health and development of your child. Would you say well-child check-ups are very important, important, somewhat important, or not important at all?

Table 7. Percent of young children (4-35 months of age) by parent or guardian's satisfaction with the child's health care and by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

National Survey of Early Childhood Health, 2006					
	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
Percent of young children					
<i>Satisfaction with length of visit</i>					
Not enough time	11	11	11	22	12
About the right amount of time	89	87	88	78	88
Too much time	*0	*2	*1	—	*1
<i>Did parent/guardian get to ask the questions he/she wanted</i>					
Yes	95	*96	*96	84	95
No	5	*4	*4	16	5
<i>Rating of quality of child's checkups</i>					
10	40	44	36	48	41
9	21	16	17	*17	19
8	23	21	31	16	23
1-7	16	18	16	19	17
Standard error of percent					
<i>Satisfaction with length of visit</i>					
Not enough time	1.4	1.7	2.1	4.7	1.0
About the right amount of time	1.4	1.9	2.1	4.7	1.0
Too much time	0.0	1.0	0.4	...	0.3
<i>Did parent/guardian get to ask the questions he/she wanted</i>					
Yes	1.0	1.3	1.8	4.3	0.8
No	1.0	1.3	1.8	4.3	0.8
<i>Rating of quality of child's checkups</i>					
10	2.2	3.0	3.8	5.9	1.6
9	1.7	2.0	3.0	5.0	1.2
8	1.8	2.3	3.8	3.5	1.3
1-7	1.7	2.3	2.6	4.3	1.2

— Quantity zero.

0 Quantity more than zero but less than 0.5.

0.0 Quantity more than zero but less than 0.05.

* Figure does not meet standard of reliability or precision.

... Category not applicable.

QUESTIONS FOR TABLE 7:

- A2Q01 (G6) Think about the last time you took (CHILD) for a check-up. How long was the doctor or health care provider who examined (CHILD) in the room with you?
- A2Q02 (G7) Did you feel that a XX minute visit with the doctor or health care provider was not enough time, about the right amount of time, or too much time?
- A2Q03 (G8) During (CHILD)'s last check-up, did you ask all the questions you wished to ask?
- A2Q05 (G9) How would you rate (CHILD)'s check-ups (during the last 12 months/since {his/her} birth). Please include all the doctors, nurses, and other health care providers that (CHILD) may have seen. Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible.

Table 8. Percent of young children (4-35 months of age) whose parent or guardian would recommend their health care provider¹ by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

National Survey of Early Childhood Health, 2006					
	Child's type of health insurance				
	Private only	Public only	Other insured	Uninsured	All young children
Percent of young children who see a particular health care provider					
<i>Would recommend provider</i>					
Very likely	85	73	71	68	79
Somewhat likely	13	22	21	25	17
Somewhat unlikely or very unlikely	*2	*5	*8	*7	4
Standard error of percent					
<i>Would recommend provider</i>					
Very likely	2.2	3.4	4.6	8.4	1.7
Somewhat likely	2.1	3.1	3.9	7.5	1.5
Somewhat unlikely or very unlikely	0.7	1.6	3.2	3.7	0.8

* Figure does not meet standard of reliability or precision.

¹Only 46% of young children were reported to have a particular doctor or health care provider that they see for well-child care (see Table 4). Children without a particular doctor or health care provider were excluded from the calculations for this table.

QUESTION FOR TABLE 8:

A2Q06 (G10) *If you were asked, how likely or unlikely would you be to recommend (CHILD)'s (HEALTH CARE PROVIDER) to your friends or family? Would you say very likely, somewhat likely, somewhat unlikely or not at all likely?*

Table 9. Percent of young children (4-35 months of age) by parent or guardian's perceptions of extent to which health care is family-centered and by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Telephone Survey, National Survey of Early Childhood Health, 2006					
Selected component of family-centered health care	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
Percent of young children					
<i>Providers take time</i>					
Always	68	68	65	42	66
Usually/Sometimes	30	30	33	45	32
Never	*1	2	*2	*13	2
<i>Providers respect parent/guardian's expertise on child</i>					
Always	57	56	53	42	55
Usually/Sometimes	40	39	45	50	41
Never	3	5	*2	*8	4
<i>Providers ask how parent is feeling as a parent</i>					
Always	23	35	25	26	27
Usually/Sometimes	47	36	37	26	41
Never	29	29	39	48	32
<i>Providers understand parent/guardian's parenting preferences</i>					
Always	40	43	33	34	40
Usually/Sometimes	40	35	41	33	38
Never	20	22	26	33	22
Standard error of percent					
<i>Providers take time</i>					
Always	2.0	2.6	3.7	5.4	1.4
Usually/Sometimes	2.0	2.5	3.7	5.6	1.4
Never	0.4	0.5	0.6	4.4	0.4
<i>Providers respect parent/guardian's expertise on child</i>					
Always	2.2	2.9	3.9	5.3	1.6
Usually/Sometimes	2.2	2.9	3.9	5.6	1.5
Never	1.0	0.1	0.9	3.4	0.6
<i>Providers ask how parent is feeling as a parent</i>					
Always	1.8	3.0	3.4	5.6	1.4
Usually/Sometimes	2.2	2.7	3.6	4.3	1.5
Never	2.0	2.6	3.9	5.6	1.4

See footnotes at end of table.

Table 9. Percent of young children (4-35 months of age) by parent or guardian's perceptions of extent to which care is family-centered and by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Selected component of family-centered health care	<u>Child's type of health insurance</u>				All young children
	Private only	Public only	Other insured	Uninsured	
Standard error of percent					
<i>Providers understand parent/guardian's parenting preferences</i>					
Always	2.2	3.0	3.5	5.3	1.5
Usually/Sometimes	2.2	2.7	3.9	5.3	1.5
Never	1.8	2.3	3.4	5.4	1.3

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 9:

(In the last 12 months/ since [his/her] birth), how often did (CHILD)'s doctors or other health care providers...

A3Q38_A (G14a) take time to understand the specific needs of (CHILD)?

A3Q38_B (G14b) respect that you are the expert on your child?

A3Q38_C (G14c) ask you about how you are feeling as a parent

A3Q38_D (G14d) understand you and your family and how you prefer to raise (CHILD)?

Table 10. Percent of young children (4-35 months of age) by parent or guardian's perceptions of extent to which health care is family-centered and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected component of family-centered health care	Maternal race and ethnicity			
	Non-Hispanic white	Non-Hispanic black	Hispanic	All races and ethnicities
Percent of young children				
<i>Providers take time</i>				
Always	70	73	50	66
Usually/Sometimes	29	25	42	32
Never	*1	*2	8	2
<i>Providers respect parent/guardian's expertise on child</i>				
Always	55	58	55	55
Usually/Sometimes	43	36	40	41
Never	*3	7	5	4
<i>Providers ask how parent/guardian is feeling as a parent</i>				
Always	25	35	28	27
Usually/Sometimes	45	38	33	41
Never	30	27	39	32
<i>Providers understand parent/guardian's parenting preferences</i>				
Always	41	38	39	40
Usually/Sometimes	39	34	34	38
Never	20	28	27	22
Standard error of percent				
<i>Providers take time</i>				
Always	1.9	2.7	2.6	1.4
Usually/Sometimes	1.9	2.7	2.5	1.4
Never	0.3	0.7	1.9	0.4
<i>Providers respect parent/guardian's expertise on child</i>				
Always	2.2	3.1	2.6	1.5
Usually/Sometimes	2.1	3.0	2.5	1.5
Never	0.8	1.5	1.2	0.6
<i>Providers ask how parent/guardian is feeling as a parent</i>				
Always	2.0	3.1	2.3	1.4
Usually/Sometimes	2.1	3.0	2.4	1.5
Never	2.0	2.6	2.5	1.4

See footnotes at end of table.

Table 10. Percent of young children (4-35 months of age) by parent or guardian's perceptions of extent to which health care is family-centered and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Maternal race and ethnicity				
Selected component of family-centered health care	Non-Hispanic white	Non-Hispanic black	Hispanic	All races and ethnicities
Standard error of percent				
<i>Providers understand parent/guardian's parenting preferences</i>				
Always	2.1	3.2	2.5	1.5
Usually/Sometimes	2.1	2.9	2.3	1.5
Never	1.7	2.7	2.4	1.3

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 10:

(In the last 12 months/ since {his/her} birth), how often did (CHILD)'s doctors or other health care providers...

A3Q38_A (G14a) take time to understand the specific needs of (CHILD)?

A3Q38_B (G14b) respect that you are the expert on your child?

A3Q38_C (G14c) ask you about how you are feeling as a parent?

A3Q38_D (G14d) understand you and your family and how you prefer to raise (CHILD)?

Table 11. Percent of young children (4-35 months of age) by provision of preventive health care for nutrition issues and by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Preventive health care topic	Age of child		
	4 – 9 months	10 – 18 months	19 – 35 months
Percent of young children			
<i>Providers talked with parent/guardian about breastfeeding</i>			
Yes	91	...	...
No, and would have been helpful	*3	...	...
No, and would not have been helpful	6	...	...
<i>Providers talked with parent/guardian about weaning child from bottle</i>			
Yes	...	54	...
No, and would have been helpful	...	16	...
No, and would not have been helpful	...	30	...
<i>Providers talked with parent/guardian about food or feeding issues</i>			
Yes	92	93	73
No, and would have been helpful	6	4	7
No, and would not have been helpful	*2	4	20
Standard error of percent			
<i>Providers talked with parent/guardian about breastfeeding</i>			
Yes	1.9	...	...
No, and would have been helpful	1.3	...	...
No, and would not have been helpful	1.4	...	...
<i>Providers talked with parent/guardian about weaning child from bottle</i>			
Yes	...	2.7	...
No, and would have been helpful	...	1.8	...
No, and would not have been helpful	...	2.6	...
<i>Providers talked with parent/guardian about food or feeding issues</i>			
Yes	1.6	1.3	2.1
No, and would have been helpful	1.5	1.0	1.2
No, and would not have been helpful	0.7	0.9	1.9

* Figure does not meet standard of reliability or precision

... Category not applicable.

QUESTIONS FOR TABLE 11:

Since (CHILD)'s birth, have (his/her) doctors or other health care providers talked with you about....

A3Q01 (13A-a) breastfeeding?

A3Q02 (13A-b) issues related to food or feeding (CHILD) such as the introduction of solid foods?

Would a discussion of ----- have been helpful to you?

A3Q01_A (13A-a-i) breastfeeding

A3Q02_A (13A-b-ii) food or feeding issues

A3Q25_A (13C-A-i) food or feeding

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or other health care providers ever talk with you

A3Q12 (13B-a) about issues related to food or feeding (him/her)?

A3Q15 (13B-d) about taking (him/her) off of the bottle?

A3Q25 (13C-a) about issues related to food or feeding (him/her)?

A3Q15_A (13B-d-iv) Would a discussion of taking (CHILD) off the bottle have been helpful to you?

Table 12. Percent of young children (4-35 months of age) by provision of preventive health care for language development issues and by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Preventive health care topic	Age of child		
	4 – 9 months	10 – 18 months	19 – 35 months
Percent of young children			
<i>Providers talked with parent/guardian about how child communicates (his/her) needs?</i>			
Yes	79	...	...
No, and would have been helpful	11	...	...
No, and would not have been helpful	10	...	...
<i>Providers talked with parent/guardian about the words and phrases child uses and understands?</i>			
Yes	...	68	72
No, and would have been helpful	...	16	13
No, and would not have been helpful	...	16	15
<i>Providers talked with parent/guardian about the importance of reading to child?</i>			
Yes	64	63	61
No, and would have been helpful	16	17	11
No, and would not have been helpful	20	20	28
Standard error of percent			
<i>Providers talked with parent/guardian about how child communicates (his/her) needs?</i>			
Yes	2.8	...	...
No, and would have been helpful	1.8	...	...
No, and would not have been helpful	2.3	...	...
<i>Providers talked with parent/guardian about the words and phrases child uses and understands?</i>			
Yes	...	2.3	2.1
No, and would have been helpful	...	1.8	1.5
No, and would not have been helpful	...	1.8	1.7
<i>Providers talked with parent/guardian about the importance of reading to child?</i>			
Yes	3.2	2.6	2.2
No, and would have been helpful	2.4	1.8	1.3
No, and would not have been helpful	2.8	2.2	2.1

... Category not applicable.

QUESTIONS FOR TABLE 12:

Since (CHILD)'s birth, have (his/her) doctors or other health care providers talked with you about....

A3Q05 (13A-e) how (CHILD) communicates (his/her) needs?

A3Q09 (13A-i) the importance of reading to (CHILD)?

(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or other health care providers ever talk with you...

A3Q16 (13B-e) about the words and phrases (CHILD) uses and understands?

A3Q22 (13B-k) about the importance of reading to (CHILD)?

A3Q30 (13B-e) about the words and phrases (CHILD) uses and understands?

A3Q35 (13B-k) about the importance of reading to (CHILD)?

Would a discussion of _____ have been helpful to you?

A3Q05_A (13A-e-v)how (CHILD) communicates (his/her) needs

A3Q09_A (13A-i-ix)the importance of reading to (CHILD)

A3Q16_A (13B-e-v) the words and phrases that (CHILD) understands

A3Q22_A (13B-k-xi)the importance of reading to (CHILD)

Table 13. Percent of young children (4-35 months of age) by provision of preventive health care for immunization issues and by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	<u>Age of child</u>			All young children
	4 – 9 months	10 – 18 months	19 – 35 months	
	Percent of young children			
Providers talked with parent/guardian about immunizations	99	98	94	96
Parent/Guardian ever delayed or missed immunization due to safety concerns	8	9	7	8
	Standard error of percent			
Providers talked with parent/guardian about immunizations	0.3	0.5	1.1	0.6
Parent/Guardian ever delayed or missed immunization due to safety concerns	1.9	1.5	1.1	0.8

QUESTIONS FOR TABLE 13:

- A3Q10 (13A-j) *Since (CHILD)'s birth, have (his/her) doctors or other health care providers talked with you about immunizations?*
- A3Q23 (13B-l) *(In the last 12 months/ since {his/her} birth), have (CHILD)'s doctors or other health care providers ever talked with you about immunizations?*
- A3Q36 (13C-l) *In the last 12 months, did (CHILD)'s doctors or other health care providers talk with you about immunizations?*
- A3Q11 (13A-k) *Since (CHILD)'s birth, have you delayed or not gotten (him/her) immunized because of concerns about the safety of vaccines?*
- A3Q24 (13B-m) *In the last 12 months/ since {his/her} birth), have you delayed or not gotten (CHILD) immunized because of concerns about the safety of vaccines?*
- A3Q37 (13C-m) *In the last 12 months, have you delayed or not gotten (CHILD) immunized because of concerns about the safety of vaccines?*

Table 14. Percent of young children (4-35 months of age) by selected home injury prevention measures and by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Health, 2000		Age of child			All young children
Selected home injury prevention measures	4 – 9 months	10 – 18 months	19 – 35 months		
Percent of young children					
<i>Put up baby gates, window guards or other barriers</i>					
Yes	58	77	77	73	
No	35	22	22	24	
N/A	7	*1	*1	2	
<i>Put locks/ latches on cabinets that contain cleaners or medicine</i>					
Yes	63	83	82	78	
No	29	16	16	19	
N/A	9	2	*2	3	
<i>Put padding around hard surfaces or sharp edges</i>					
Yes	54	51	44	48	
No	38	46	53	48	
N/A	9	3	3	4	
<i>Put stoppers or plugs in electrical outlets</i>					
Yes	86	94	94	92	
No	12	5	6	7	
N/A	*3	*1	*0	1	
<i>Turned down the hot water thermostat setting</i>					
Yes	57	43	57	53	
No	38	54	41	44	
N/A	5	3	3	3	
<i>Has Syrup of Ipecac at home</i>					
Yes	44	47	48	47	
No	56	53	52	53	
Standard error of percent					
<i>Put up baby gates, window guards or other barriers</i>					
Yes	3.0	2.0	1.9	1.3	
No	3.2	1.9	1.8	1.3	
N/A	1.7	0.4	0.5	0.4	
<i>Put locks/ latches on cabinets that contain cleaners or medicine</i>					
Yes	3.2	1.8	1.7	1.2	
No	2.9	1.8	1.6	1.2	
N/A	2.1	0.5	0.6	0.5	

See footnotes at end of table.

Table 14. Percent of young children (4-35 months of age) by selected home injury prevention measures and by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Health, 2000—Continued				
Selected home injury prevention measures	Age of child			All young children
	4 – 9 months	10 – 18 months	19 – 35 months	
Standard error of percent				
<i>Put padding around hard surfaces or sharp edges</i>				
Yes	3.3	2.6	2.3	1.5
No	3.2	2.6	2.3	1.5
N/A	2.2	0.9	0.8	0.6
<i>Put stoppers or plugs in electrical outlets</i>				
Yes	2.1	1.1	1.2	0.8
No	1.9	1.0	1.2	0.8
N/A	1.0	0.4	0.1	0.2
<i>Turned down the hot water thermostat setting</i>				
Yes	3.2	2.6	2.2	1.5
No	3.2	2.6	2.2	1.5
N/A	1.2	0.6	0.6	0.4
<i>Has Syrup of Ipecac at home</i>				
Yes	3.3	2.6	2.3	1.5
No	3.3	2.6	2.3	1.5

* Figure does not meet standard of reliability or precision.

0 Quantity more than zero but less than 0.5.

QUESTIONS FOR TABLE 14:

A4Q08 (G34) I am now going to read you a list of things that parents sometimes do to childproof their home or make it safe. For each item, tell me if you ever did that in your home.

A4Q08_X01 (G34a) Put up baby gates, window guards or other barriers.

A4Q08_X02 (G34b) Put locks or safety latches on cabinets where things such as cleaning agents or medicines are kept.

A4Q08_X03 (G34c) Put padding around hard surfaces or sharp edges

A4Q08_X04 (G34d) Put stoppers or plugs in electrical outlets.

A4Q08_X05 (G34e) Turned down the hot water thermostat setting.

A4Q09 (G35) Do you have Syrup of Ipecac at home?

Table 15. Percent of young children (4-35 months of age) by household income, by maternal employment, and by hours in child care: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Household income and maternal employment	Zero hours	Hours in child care			41+ hours
		1-20 hours	21-40 hours		
Percent of young children					
Up to \$17,500					
Employed full time	20	35	30		*14
Employed part time	26	34	37		*2
Not employed	62	31	6		*1
\$17,501 - \$35,000					
Employed full time	18	30	40		12
Employed part time	38	39	18		*4
Not employed	67	27	*4		*2
\$35,001 - \$60,000					
Employed full time	16	26	40		18
Employed part time	21	44	34		*0
Not employed	57	41	*2		—
More than \$60,000					
Employed full time	*12	26	45		16
Employed part time	24	56	15		*4
Not employed	47	50	*2		*1
Total ¹					
Employed full time	19	28	38		15
Employed part time	27	45	25		*3
Not employed	59	36	4		*1
All young children	39	35	20		6
Standard error of percent					
Up to \$17,500					
Employed full time	4.8	5.0	4.9		4.4
Employed part time	7.0	7.5	7.8		1.6
Not employed	4.2	4.0	1.8		0.4
\$17,501 - \$35,000					
Employed full time	3.8	4.8	4.7		2.8
Employed part time	7.8	7.6	4.9		2.8
Not employed	4.2	4.0	1.2		1.4
\$35,001 - \$60,000					
Employed full time	3.4	4.1	4.8		3.6
Employed part time	5.7	7.3	7.4		0.3
Not employed	5.9	5.9	1.1		...

See footnotes at end of table.

Table 15. Percent of young children (4-35 months of age) by hours in child care, by household income, and by maternal employment: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Childhood Health, 2007

Continued

Household income and maternal employment	Zero hours	Hours in child care		41+ hours
		1-20 hours	21-40 hours	
Standard error of percent				
More than \$60,000				
Employed full time	4.2	5.0	5.4	4.0
Employed part time	6.5	7.0	4.1	3.8
Not employed	5.7	5.8	1.5	0.6
Total ¹				
Employed full time	2.1	2.2	2.4	1.8
Employed part time	3.3	3.6	3.0	1.3
Not employed	2.3	2.3	0.7	0.4
All young children	1.5	1.5	1.2	0.7

— Quantity zero.

0 Quantity more than zero but less than 0.5.

* Figure does not meet standard of reliability or precision.

... Category not applicable.

¹Children with missing information for household income are included in total.**QUESTION FOR TABLE 15:**

A4Q10 (G36) Now I am going to ask you a few questions regarding child care. In a typical week, how many hours does (CHILD) spend in the care of someone other than a parent or guardian?

Table 16. Percent of young children (4-35 months of age) who have consistent family routines by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Family routine	Age of child			All young children
	4 – 9 months	10 – 18 months	19 – 35 months	
Percent of young children				
Child's bedtime is same everyday	79	78	68	73
Child's naptime is same everyday	56	71	67	66
Child's mealtimes are same everyday	68	76	77	75
Standard error of percent				
Child's bedtime is same everyday	2.6	2.2	2.2	1.4
Child's naptime is same everyday	3.3	2.4	2.2	1.5
Child's mealtimes are same everyday	3.1	2.3	1.9	1.3

QUESTIONS FOR TABLE 16:

Now I am going to read some statements about things that may occur in your family. (Is/Are) (CHILD)'s _____ usually the same everyday or (does it/do they) change from day to day?

A4Q01_A (G27a) *bedtime*
 A4Q01_B (G27b) *naptime*
 A4Q01_C (G27c) *mealtimes*

Table 17. Percent of young children (4-35 months of age) by frequency of selected family activities: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Source: Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Family activity	Every day	Frequency of activity			Never
		3-6 days per week	1-2 days per week		
Percent of young children					
Read stories to child	52	27	15		6
Play music or sing songs with child	75	17	6		1
Take child on outing	37	46	16		*1
Family eats midday / evening meal together	57	28	12		3
Eat breakfast together	25	13	36		26
Standard error of percent					
Read stories to child	1.5	1.4	1.1		0.6
Play music or sing songs with child	1.4	1.2	0.7		0.4
Take child on outing	1.5	1.5	1.1		0.3
Family eats midday / evening meal together	1.5	1.4	1.0		0.5
Eat breakfast together	1.3	1.1	1.5		1.4

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 17:

A4Q02 (G28) *Now I would like to talk to you about (CHILD)'s activities with you and other family members. Please tell me the number of days in a typical week that you or any other family members do the following things.*

A4Q02_X01(G28a) *Read stories to (CHILD).*

A4Q02_X02(G28b) *Play music or sing songs with (CHILD).*

A4Q02_X03(G28c) *Take (CHILD) on any kind of outing such as to the park, grocery store, a church or a playground.*

A4Q02_X04 (G28d) *How many days in a typical week does the whole family eat a midday or evening meal together?*

A4Q02_X05 (G28e) *Eat breakfast together?*

Table 18. Percent of young children (4-35 months of age) by maternal education, by child's participation in WIC, and by whether the child has ever been breastfed: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	Ever breastfed	Never breastfed
<i>Percent of young children</i>		
<i>Mother's education</i>		
Less than high school	52	48
High school graduate	60	40
More than high school	79	21
<i>Child ever received WIC</i>		
Yes	56	44
No	80	20
All young children	67	33
<i>Standard error of percent</i>		
<i>Mother's education</i>		
Less than high school	3.5	3.5
High school graduate	2.7	2.7
More than high school	1.8	1.8
<i>Child ever received WIC</i>		
Yes	2.1	2.1
No	1.9	1.9
All young children	1.5	1.5

QUESTIONS FOR TABLE 18:

A3Q54 (G24) Now I am going to ask you a few questions about breastfeeding. Was (CHILD) breastfed for any length of time?

A6Q13 (G62) The following questions are about the WIC program which you or (CHILD) may have been on. WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education. Has (CHILD) ever received WIC benefits?

Table 19. Percent of young children (4-35 months of age) by age, by child's type of health insurance, and by overall health status: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	Overall health status of child			
	Excellent	Very good	Good	Fair/Poor
Percent of young children				
<i>Child age</i>				
4-9 months	62	24	13	*2
10-18 months	53	31	12	4
19-35 months	51	33	12	4
<i>Child's insurance</i>				
Private only	59	31	9	*1
Public only	45	32	17	6
Other insured	54	33	10	*2
Uninsured	48	18	24	*10
All young children	54	31	12	4
Standard error of percent				
<i>Child age</i>				
4-9 months	3.1	2.6	2.2	0.7
10-18 months	2.6	2.5	1.6	0.9
19-35 months	2.3	2.2	1.4	0.9
<i>Child's insurance</i>				
Private only	2.2	2.1	1.2	0.4
Public only	2.9	2.8	2.0	1.6
Other insured	3.8	3.6	1.8	1.0
Uninsured	5.6	3.4	5.1	3.4
All young children	1.5	1.4	1.0	0.6

* Figure does not meet standard of reliability or precision.

QUESTION FOR TABLE 19:

A2Q08 (G12) *In general, how would you describe (CHILD)'s health? Would you say (his/her) health is excellent, very good, good, fair, or poor?*

Table 20. Percent of young children (4-35 months of age) by extent of parental concerns for selected developmental issues: ** State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Selected developmental issue	Extent of concern	
	A lot or a little	Not at all
Percent of young children		
How child talks and makes speech sounds	45	55
How child sees or hears ^{††}	32	68
How child understands what parent/guardian says	35	65
How child uses his or her hands and fingers to do things	28	72
How child uses his or her arms and legs	28	72
How child behaves	48	52
How child gets along with others	41	59
How child is learning to do things for himself/herself	33	67
How child is learning preschool or school skills	38	62
Whether child can do what other children can do	34	66
Child's emotional well-being ^{††}	42	58
Standard error of percent		
How child talks and makes speech sounds	1.5	1.5
How child sees or hears ^{††}	1.4	1.4
How child understands what parent/guardian says	1.4	1.4
How child uses his or her hands and fingers to do things	1.3	1.3
How child uses his or her arms and legs	1.3	1.3
How child behaves	1.6	1.6
How child gets along with others	1.5	1.5
How child is learning to do things for himself/herself	1.4	1.4
How child is learning preschool or school skills	1.8	1.8
Whether child can do what other children can do	1.5	1.5
Child's emotional well-being ^{††}	1.5	1.5

^{**} Parents' Evaluation of Developmental Status (PEDS), © 1997 (Glascoe FP. *Parents' Evaluations of Developmental Status: A Method for Detecting and Addressing Developmental and Behavioral Problems in Children*. Nashville, TN: Ellsworth & Vandermeer Press Ltd.). Scale adapted with permission. The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions (17,18). Healthcare providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC.

^{††} Not a PEDS item.

QUESTIONS FOR TABLE 20:

A5Q05 (G43) Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:

A5Q05_X01 (G43a) How your child talks and makes speech sounds?

A5Q05_X02 (G43b) How your child sees or hears?

A5Q05_X03 (G43c) How your child understands what you say?

A5Q05_X04 (G43d) How your child uses his or her hands and fingers to do things?

A5Q05_X05 (G43e) How your child uses his or her arms and legs?

A5Q05_X06 (G43f) How your child behaves?

A5Q05_X07 (G43g) How your child gets along with others?

A5Q05_X08 (G43h) How your child is learning to do things for himself/herself?

A5Q05_X09 (G43i) How your child is learning preschool or school skills?

A5Q05_X10 (G43j) Whether your child can do what other children his or her age can do?

A5Q05_X11 (G43k) Your child's emotional well-being?

Table 21. Percent of young children (4-35 months of age) whose parents are “a lot” or “a little” concerned with selected developmental issues, by age of child: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000**

Selected developmental issues	Age of child		
	4 – 9 months	10 – 18 months	19 – 35 months
Percent of young children			
<i>Parent is a lot or a little concerned with:</i>			
How child talks and makes speech sounds	40	49	44
How child sees or hears ^{††}	33	36	30
How child understands what parent/guardian says	35	39	33
How child uses his or her hands and fingers to do things	31	34	23
How child uses his or her arms and legs	34	34	23
How child behaves	35	44	56
How child gets along with others	29	41	45
How child is learning to do things for himself/herself	34	36	32
How child is learning preschool or school skills	30	40	39
Whether child can do what other children can do	32	38	33
Child's emotional well-being ^{††}	40	41	44
Standard error of percent			
<i>Parent is a lot or a little concerned with:</i>			
How child talks and makes speech sounds	3.2	2.6	2.2
How child sees or hears ^{††}	3.0	2.5	2.0
How child understands what parent/guardian says	3.0	2.6	2.1
How child uses his or her hands and fingers to do things	3.0	2.5	1.8
How child uses his or her arms and legs	3.1	2.5	1.8
How child behaves	3.1	2.6	1.8
How child gets along with others	2.9	2.6	2.3
How child is learning to do things for himself/herself	3.2	2.5	2.1
How child is learning preschool or school skills	4.3	3.3	2.5
Whether child can do what other children can do	3.0	2.6	2.1
Child's emotional well-being ^{††}	3.2	2.6	2.2

^{**} Parents' Evaluation of Developmental Status (PEDS), © 1997 (Glascoe FP. *Parents' Evaluations of Developmental Status: A Method for Detecting and Addressing Developmental and Behavioral Problems in Children*. Nashville, TN: Ellsworth & Vandermeer Press Ltd.). Scale adapted with permission. The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions (17,18). Health care providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC.

^{††} Not a PEDS item.

QUESTIONS FOR TABLE 21:

A5Q05 (G43) Sometimes parents have concerns about their children. Are you concerned a lot, a little, or not at all about:

A5Q05_X01 (G43a) How your child talks and makes speech sounds?

A5Q05_X02 (G43b) How your child sees or hears?

A5Q05_X03 (G43c) How your child understands what you say?

A5Q05_X04 (G43d) How your child uses his or her hands and fingers to do things?

A5Q05_X05 (G43e) How your child uses his or her arms and legs?

A5Q05_X06 (G43f) How your child behaves?

A5Q05_X07 (G43g) How your child gets along with others?

A5Q05_X08 (G43h) How your child is learning to do things for himself/herself?

A5Q05_X09 (G43i) How your child is learning preschool or school skills?

A5Q05_X10 (G43j) Whether your child can do what other children his or her age can do?

A5Q05_X11 (G43k) Your child's emotional well-being?

Table 22. Percent of young children (4-35 months of age) who have received a developmental risk assessment: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	Percent of young children	Standard error of percent
Providers ever said they were doing a developmental assessment	45	1.6
Providers ever had child pick up small objects or stack blocks or throw a ball or recognize different colors	35	1.5

QUESTIONS FOR TABLE 22:

- A3Q46 (G16) Did (CHILD)'s doctors or health providers ever tell you that they were carrying out - what doctors call - a "developmental assessment" of (CHILD)?*
- A3Q46_A (G16A) Did (CHILD)'s doctors or health providers ever have (him/her) pick up small objects or stack blocks or throw a ball or recognize different colors?*

Table 23. Percent of young children (4-35 months of age) by maternal race and ethnicity, by age of child, and by parent or guardian's perceptions of their coping success: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Maternal race and ethnicity, and age of child	Perception of coping success		
	Very well	Somewhat well	Not very well or not well at all
Percent of young children			
<i>Non-Hispanic white</i>			
4-9 months	71	29	*0
10-18 months	69	31	—
19-35 months	59	39	*2
<i>Non-Hispanic black</i>			
4-9 months	78	21	*1
10-18 months	72	27	*1
19-35 months	69	30	*1
<i>Hispanic</i>			
4-9 months	58	36	*5
10-18 months	58	40	*1
19-35 months	44	52	*4
<i>All races and ethnicities</i>			
4-9 months	69	29	*1
10-18 months	67	32	*0
19-35 months	57	40	2
Standard error of percent			
<i>Non-Hispanic white</i>			
4-9 months	4.3	4.3	0.4
10-18 months	3.6	3.6	...
19-35 months	3.1	3.1	0.8
<i>Non-Hispanic black</i>			
4-9 months	5.3	5.2	0.9
10-18 months	4.5	4.5	0.6
19-35 months	4.1	4.1	0.6
<i>Hispanic</i>			
4-9 months	5.6	5.4	3.8
10-18 months	4.2	4.1	0.8
19-35 months	3.6	3.7	1.5
<i>All races and ethnicities</i>			
4-9 months	3.0	3.0	0.8
10-18 months	2.5	2.5	0.2
19-35 months	2.3	2.2	0.5

— Quantity zero.

0 Quantity more than zero but less than 0.5.

* Figure does not meet standard of reliability or precision.

... Category not applicable.

QUESTION FOR TABLE 23:

*A5Q02 (G40) In general, how well do you feel you are coping with the day-to-day demands of parenthood?
Would you say that you are coping very well, somewhat well, not very well or not well at all?*

Table 24. Percent of young children (4-35 months of age) by extent of parent or guardian's self-reported well-being: ** State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	Extent of self-reported well-being					
	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
Percent of young children						
Been a very nervous person?	2	4	4	17	35	38
Felt calm and peaceful?	9	39	18	20	11	2
Felt downhearted and blue?	2	4	3	20	35	36
Felt so down in the dumps that nothing could cheer parent up?	*1	*1	*0	4	11	82
Been a happy person?	21	53	11	10	3	*1
Standard error of percent						
Been a very nervous person?	0.4	0.6	0.6	1.2	1.5	1.5
Felt calm and peaceful?	0.8	1.4	1.3	1.3	1.1	0.3
Felt downhearted and blue?	0.4	0.7	0.6	1.3	1.5	1.4
Felt so down in the dumps that nothing could cheer parent up?	0.2	0.3	0.2	0.6	1.0	1.2
Been a happy person?	1.2	1.6	1.0	1.0	0.6	0.3

* Figure does not meet standard of reliability or precision.

0 Quantity more than zero but less than 0.5.

** *Mental Health Index (MHI-5) Short Form*, © 1992 (Stewart AL, Ware JE Jr. *Measuring functioning and well-being: The medical outcomes study approach* (pp. 373-403). RAND Corporation. Durham, NC: Duke University Press). Used with permission (19,20).

QUESTIONS FOR TABLE 24:

A5Q01_X01 (G39a)	How much of the time during the past month have you been a very nervous person?
A5Q01_X02 (G39b)	How much of the time during the past month have you felt calm and peaceful?
A5Q01_X03 (G39c)	How much of the time during the past month have you felt downhearted and blue?
A5Q01_X04 (G39d)	How much of the time during the past month have you felt so down in the dumps that nothing could cheer you up?
A5Q01_X05 (G39e)	How much of the time during the past month have you been a happy person?

Table 25. Percent of young children (4-35 months of age) by availability of emotional support for parent or guardian, by age of child, and by maternal race and ethnicity: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Availability of emotional support, and age of child	Maternal race and ethnicity			
	Non-Hispanic white	Non-Hispanic black	Hispanic	All races and ethnicities
Percent of young children				
<i>There is someone that parent/guardian can turn to for emotional help while parenting</i>				
4-9 months	*96	*84	71	89
10-18 months	94	90	69	88
19-35 months	90	89	60	84
<i>There is someone parent/guardian can count on to watch child if parent/guardian needs a break</i>				
4-9 months	*96	*85	82	92
10-18 months	87	*94	85	88
19-35 months	90	89	79	87
Standard error of percent				
<i>There is someone that parent/guardian can turn to for emotional help while parenting</i>				
4-9 months	2.0	6.3	5.1	1.9
10-18 months	1.8	3.0	3.8	1.5
19-35 months	2.0	2.5	3.6	1.6
<i>There is someone parent/guardian can count on to watch child if parent/guardian needs a break</i>				
4-9 months	1.5	6.6	4.7	1.7
10-18 months	2.8	2.1	3.0	1.9
19-35 months	1.9	3.0	3.0	1.6

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 25:

A5Q03 (G41) Is there someone you can turn to for day-to-day emotional help while parenting?

A5Q04 (G42) Is there someone you can count on to watch (CHILD) if you need a break?

Table 26. Percent of young children (4-35 months of age) who missed or delayed medical care by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

	<u>Child's type of health insurance</u>				
	Private only	Public only	Other insured	Uninsured	All young children
Percent of young children					
Child needed medical care and did not get it	4	4	6	14	5
Child got medical care later than parent/guardian would have liked	10	10	15	15	11
Standard error of percent					
Child needed medical care and did not get it	0.9	0.8	1.7	3.5	0.6
Child got medical care later than parent/guardian would have liked	1.3	1.4	2.6	3.6	0.9

QUESTIONS FOR TABLE 26:

Sometimes people have difficulty getting medical care when they need it. (During the past 12 months/since {his/her} birth) was there any time that (CHILD) ...

A5Q09_A (G47a) needed health care for a problem or concern but did not get it?

A5Q09_B (G47b) received care for a problem or concern, but got the care later than you would have liked?

Table 27. Percent of young children (4-35 months of age) by extent of difficulty paying for selected health services for the child and by child's type of health insurance: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Extent of difficulty paying for selected health services	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
Percent of young children					
<i>Prenatal care during pregnancy?</i>					
No trouble at all	94	92	92	80	92
Some trouble or a lot of trouble	6	8	8	20	8
<i>Medical expenses for child's birth?</i>					
No trouble at all	87	92	92	76	88
Some trouble or a lot of trouble	13	8	8	24	12
<i>Child's health and medical expenses?</i>					
No trouble at all	89	89	91	61	87
Some trouble or a lot of trouble	11	11	9	39	13
Standard error of percent					
<i>Prenatal care during pregnancy?</i>					
No trouble at all	1.0	1.5	2.1	0.5	0.8
Some trouble or a lot of trouble	1.0	1.5	2.1	0.5	0.8
<i>Medical expenses for child's birth?</i>					
No trouble at all	1.6	1.7	1.8	4.8	1.1
Some trouble or a lot of trouble	1.6	1.7	1.8	4.8	1.1
<i>Child's health and medical expenses?</i>					
No trouble at all	1.5	1.8	2.1	5.6	1.1
Some trouble or a lot of trouble	1.5	1.8	2.1	5.6	1.1

QUESTIONS FOR TABLE 27:

A6Q01 (G50) Now I would like to ask how much trouble you have had paying for particular kinds of expenses for (CHILD). For each of the items in the list, please tell me if you had a lot of trouble, some trouble or no trouble at all paying for that item.

A6Q01_X01 (G50a) First, how about prenatal care during pregnancy?

A6Q01_X02 (G50b) How about the medical expenses for (CHILD)'s birth?

A6Q01_X03 (G50c) How about (CHILD)'s health and medical expenses?

Table 28. Percent of young children (4-35 months of age) by extent of difficulty paying for selected health and non-health services for the child and by household income: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000

Survey, National Survey of Early Childhood Health, 2000

Extent of difficulty paying for selected services	Up to \$17,500	Household income			All incomes
		\$17,501- 35,000	\$35,001- 60,000	More than \$60,000	
Percent of young children					
<i>Prenatal care during pregnancy?</i>					
No trouble at all	90	92	91	*96	92
Some trouble or a lot of trouble	10	8	9	*4	8
<i>Medical expenses for child's birth?</i>					
No trouble at all	88	89	85	91	88
Some trouble or a lot of trouble	12	11	15	9	12
<i>Child's health and medical expenses?</i>					
No trouble at all	82	86	88	*96	87
Some trouble or a lot of trouble	18	14	12	*4	13
<i>Supplies like formula, food, diapers, clothes, and shoes?</i>					
No trouble at all	66	71	84	92	78
Some trouble or a lot of trouble	34	29	16	8	22
<i>Child care?</i>					
No trouble at all	80	83	82	89	84
Some trouble or a lot of trouble	20	17	18	11	16
Standard error of percent					
<i>Prenatal care during pregnancy?</i>					
No trouble at all	1.7	1.4	2.1	1.7	0.8
Some trouble or a lot of trouble	1.7	1.4	2.1	1.7	0.8
<i>Medical expenses for child's birth?</i>					
No trouble at all	2.4	1.8	2.5	2.4	1.1
Some trouble or a lot of trouble	2.4	1.8	2.5	2.4	1.1
<i>Child's health and medical expenses?</i>					
No trouble at all	2.7	1.9	2.2	1.6	1.1
Some trouble or a lot of trouble	2.7	1.9	2.2	1.6	1.1
<i>Supplies like formula, food, diapers, clothes, and shoes?</i>					
No trouble at all	3.1	3.0	2.5	2.0	1.4
Some trouble or a lot of trouble	3.1	3.0	2.5	2.0	1.4

See footnote at end of table.

Table 28. Percent of young children (4-35 months of age) by extent of difficulty paying for selected health and non-health services for the child and by household income: State and Local Area Integrated Telephone Survey, National Survey of Early Childhood Health, 2000—Continued

Survey of National Survey of Early Childhood Health, 2000					
Extent of difficulty paying for selected services	Up to \$17,500	Household income			All incomes
		\$17,501- 35,000	\$35,001- 60,000	More than \$60,000	
Standard error of percent					
<i>Child care?</i>					
No trouble at all	2.9	2.5	2.9	2.2	1.2
Some trouble or a lot of trouble	2.9	2.5	2.9	2.2	1.2

* Figure does not meet standard of reliability or precision.

QUESTIONS FOR TABLE 28:

A6Q01 (G50) Now I would like to ask how much trouble you have had paying for particular kinds of expenses for (CHILD). For each of the items in the list, please tell me if you had a lot of trouble, some trouble or no trouble at all paying for that item.

A6Q01_X01 (G50a) First, how about prenatal care during pregnancy?

A6Q01_X02 (G50b) How about the medical expenses for (CHILD)'s birth?

A6Q01_X03 (G50c) How about (CHILD)'s health and medical expenses?

A6Q01_X04 (G50d) How about supplies like formula, food, diapers, clothes, and shoes?

A6Q01_X05 (G50e) How about child care?